

Dublin United Methodist Church

P.O. Box 577, GPS: 424 East Main Street, Dublin, VA 24084 – Phone (540) 674-5128 - www.dublinumc.com

PARTICIPANT RELEASE FORM FOR EVENT NAME: _____

Depart Parking Lot at _____ **Return by** _____

Suggestions on what to bring/wear: _____

Name of Participant: _____

Emergency Contact During This Event: _____

Emergency Contact Relationship To Youth: _____

Phone Numbers for Emergency: (Best) _____ **(Cell)** _____

If you have completed a 2017 Parental Release Form please initial here _____ **You do not need to complete the following information. You do need to sign this form and return it to the youth leader or office:**

Address: _____ **City** _____ **Zip** _____

Home Phone: _____ **Best Phone:** _____

Email: _____ **Check here to be updated on future youth events:** _____

Birthdate : _____ **Age:** _____

In case of an emergency illness or accident I authorize counselors, leaders, or staff of Dublin United Methodist Church to secure any medical assistance needed for the care of the above named person and I/we will assume financial responsibility for services thus secured. I authorize and consent to any x-ray, medical, surgical, or dental treatment and hospital care. I authorize and consent to the use of over-the-counter medicines to address symptoms my child develops. I/we understand that risks are involved in mission, travel, and recreation activities, and I do hereby release, forever discharge and agree to hold harmless Dublin United Methodist Church, church staff, and leaders from any and all liability which may result from personal injury, sickness, or death.

Participant Signature

Parent/Guardian Signature

Date

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